

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	Test number: <u>3.00</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
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c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	Test number: <u>3.00</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

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- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
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c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086Test number: 1.00Test number: 2.00Test number: 3.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Final Effluent	Final Effluent	Final Effluent
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f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water			
Salt water	Natural	Natural	Natural

j. Give the percentage effluent used for all concentrations in the test series.

	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

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Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

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If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
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c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086Test number: 1.00Test number: 2.00Test number: 3.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Final Effluent	Final Effluent	Final Effluent
-----------------------	----------------	----------------	----------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water			
Salt water	Natural	Natural	Natural

j. Give the percentage effluent used for all concentrations in the test series.

	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

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Chronic:

NOEC	5.60 %	3.69 %	3.69 %
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Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

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Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

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E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

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Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	Test number: <u>3.00</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	
Test number: <u>3.00</u>			
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

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e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Final Effluent	Final Effluent	Final Effluent
-----------------------	----------------	----------------	----------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water			
Salt water	Natural	Natural	Natural

j. Give the percentage effluent used for all concentrations in the test series.

	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	Test number: <u>3.00</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.

Test species & test method number	Sea Urchin Fertilization	Topsmelt Survival & Growth	Sea Urchin Fertilization
Age at initiation of test	1 day	1 day	1 day
Outfall number	001	001	001
Dates sample collected	02/06/2014	03/24/2014	03/27/2014
Date test started	02/07/2014	03/25/2014	03/28/2014
Duration	40 min.	6d 22h	NA

b. Give toxicity test methods followed.

Manual title	EPA/600/R-95-136	EPA/600/R-95-136	EPA/600/R-95-136
Edition number and year of publication	Aug. 1995	Aug. 1995	Aug. 1995
Page number(s)	Sect. 16, p389-465	Sect. 16, p389-465	Sect. 16, p389-465

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	1 Gallon	1 Gallon	1 Gallon
Grab	5 Gallon Seawater	5 Gallon Seawater	5 Gallon Seawater

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.	1 Gallon 24 Hr. Comp.
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: City of Avalon WWTF		Form Approved 1/14/99 OMB Number 2040-0086	
Test number: <u>1.00</u>		Test number: <u>2.00</u>	Test number: <u>3.00</u>
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Final Effluent	Final Effluent	Final Effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity			
g. Provide the type of test performed.			
Static	X	X	X
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water	Sea Water	Sea Water	Sea Water
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water	Natural	Natural	Natural
j. Give the percentage effluent used for all concentrations in the test series.			
	0.56, 1.0, 1.8, 3.2, & 5.6%'s	0.41, 0.82, 1.64, 2.46, 3.69%	0.41, 0.82, 1.64, 2.46, 3.69%
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		Met Specs	Met Specs
Salinity	Met Specs	Met Specs	Met Specs
Temperature	Met Specs	Met Specs	Met Specs
Ammonia			
Dissolved oxygen	Met Specs	Met Specs	Met Specs
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:

City of Avalon WWTF

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	5.60 %	3.69 %	3.69 %
IC ₂₅	5.60 %	3.69 %	3.69 %
Control percent survival	%	100.00 %	%
Other (describe)	TUc 17.86	TUc 27.1	TUc 27.1

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	no	no	no
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ____ No If yes, describe: _____

_____**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

N/A

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.